

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:	David P. Williams	Examiner:	Wood, W.
Serial No.:	09/475,563	Group Art Unit:	2124
Filing Date:	12/30/1999	Docket No.:	RA-5281 (USYS.066PA)
Title:	METHOD FOR CONTROLLING AND COLLECTING INFORMATION IN A DATA PROCESSING SYSTEM		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this communication is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 16, 2005.

By: 

Kelly J. Ledit

REQUEST FOR REFUND ACCORDING TO 37 C.F.R. § 1.26

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

Deposit Account 50-0996 was charged \$200.00 for an additional Independent Claim Fee on August 9, 2005. No independent claims were added to the Office Action Response mailed July 11, 2005.

Applicant respectfully requests a credit to Deposit Account 50-0996 (USYS.066PA) in the amount of \$200.00 for the additional Independent Claim Fee.

CRAWFORD MAUNU PLLC
1270 Northland Drive, Suite 390
St. Paul, Minnesota 55120
651-686-6633 • fax 651-686-7111

By: 

Name: LeRoy D. Maunu

Reg. No.: 35,274

Adjustment date: 06/12/2006 SFELEKE1
08/09/2005 SCOTTON 00000005 500996 09475563
01 FC:1201 200.00 CR

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Receipt is hereby acknowledged of the Request for Refund for the following in the U.S. Patent and Trademark Office:

Serial No.: 09/475,563

Docket No.: USYS.066PA

Certificates of Mailing under 37 CFR 1.8

Date of Deposit: August 16, 2005

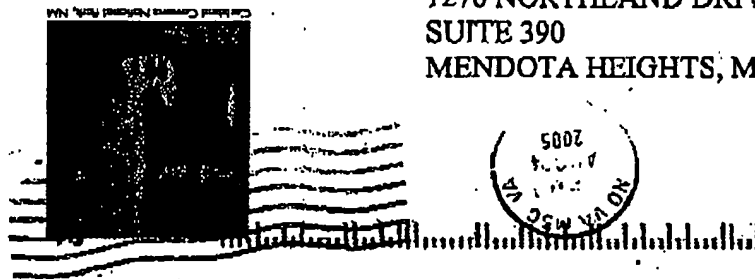
☒ Request for Refund According to 37 C.F.R. § 1.26

☒ 1 return postcard.



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SUITE 390
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URGENT

CRAWFORD MAUNU PLLC
Attorneys at Law
1270 Northland Drive, Suite 390
St. Paul, Minnesota 55120
651-686-6633 • fax 651-686-7111

FACSIMILE

DATE: February 23, 2006 **SERIAL NO:** 09/475,563
TO: Refunds Branch **FROM:** LeRoy D. Maunu
FAX NO.: 571-273-6500 **DOCKET NO:** RA-5281
SUBJECT: Refund Status
NO. OF PAGES 3
(w/ cover sheet):

On August 16, 2005 we submitted a Request for Refund on Serial No. 09/475,563. I am inquiring into the status of this request, a copy of which is attached for your reference.

Thank you for your assistance.

NOTICE OF CONFIDENTIALITY AND
ATTORNEY-CLIENT PRIVILEGED/WORK PRODUCT INFORMATION

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**URGENT
TRIPPLICATE REQUEST**

CRAWFORD MAUNU PLLC
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651-686-6633 • fax 651-686-7111

FACSIMILE

DATE:	May 15, 2006	SER. NO.:	09/475,563
ATTN:	George Allen	FROM:	LeRoy D. Maunu
FAX NO.:	571-273-6500	DOCKET NO.	RA-5281
PHONE NO.:	571-272-6364		(USYS.066PA)
NO. OF PAGES (w/ cover sheet):	4	SUBJECT:	<u>REFUND</u>

Dear Mr. Allen:

On August 16, 2005, we submitted a Request for Refund on Serial No. 09/475,563. I am inquiring into the status of this request, a copy of which is attached for your reference.

Thank you for your assistance.

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